		FORNIA - PERSONNEL ADMINIS EXPENSE CLAIM	STRATION		See In:	structio	ns and *	Privacy				•••••		
STD.26	2 (REV. 6-	93c)				Stateme		_			Page		of	Pages
CLAIMANT'S NAME							SOCIAL SECURITY NUMBER					DEPARTMENT		
Lynn	L. Jac	obs							•			HCD		
POSI	TION			•	Bargainir	ng Unit#	DIVISIO	N OR BU	REA	U			INDEX PCA	
Direc		455555			E	99		ve Office		DDEGO		leer entre	<u> </u>	50001
RESIL	DENCE	ADDRESS	r					UARTER:					ONE NUM	
CITY				STATE	ZIP CODE		1800 TI	nird Stre	et, S	uite 450		STATE 9	16 445-4 ZIP CODE	.//5
	amento			CA	211 0000		Sacram	ento				CA		5811
			T (4)	<del>T :                                   </del>	MEALS			(7)	TDA	NSPORTATI	ON		(8) (9)	
(1) MON1	'H /YEAR	(3)	(4)	(5)	VIEALS		(6)		IKA	NSPORTATI		·	. (0)	(9)
Ма	y-09	LOCATION				O.T., L/T, NC, RELO.		(A)	(B)	(C)		(D)		TOTAL
(2)		WHERE EXPENSES		BREAK-		OR	INCIDEN- TALS	COST OF	TYPE			E CAR USE	BUSINESS EXPENSE	EXPENSES
DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	DINNER	17120	TRANS	USED	FIRE	MILES	AMOUNT		FOR DAY
5/5		Sacramento Sacramento to San							PC	9.00	4	2.20		11.20
	1400	Francisco	N/A	ļ					PC	4.00	86	47.30		51.30
		San Francisco to Ventura	N/A						РС		384	211.20		211.20
5/6	,	Ventura / Culver City							PC		64	35.20		35.20
		Los Angeles / Ventura	N/A						PC		64	35.20		35.20
5/7		Ventura/ Santa Monica							РС	14.00	64	35.20		49.20
		LA to Ventura	N/A						PC		64	35.20		35.20
5/8		Ventura Meetings	N/A						PC		22	12.10		12.10
5/12		Ventura to Irvine					,		PC	7.00	106	58.30		65.30
		Irvine Meeting							PC		6	3.30		3.30
	-	Irvine to Ventura	N/A						РС		108	59.40		59.40
5/13	1700	Ventura Meetings										-		-
												-		
		٠.						,				-		
												-		-
(10)		SUBTOTALS				_	-			34.00	972.00	534.60		568.90
COLL	IMN CC	DDE (ACCTG: USE ONL	<b>Y)</b>		Charles				100000				¢	568.90
744\ 1	DIIDDA	CLAIM TOTAL  OSE OF TRIP, REMA	RKS AND I	DETAILS				·		<u> </u>	(12) NOR	MAL WORK I	HOURS	300.30
5/5 - [	Director	Jacobs met with Commi	issioner Pres	ston DuFa	uchard at								<i>l</i> - 5:00	PM
to Sar	nFrancis	sco and spoke at the Ani irector Jacobs drove to \	rual Bank of	America	Low Incor	ne Housir	ng Challer	nge Even	t. Fro	m San	(13) PRI\	ATE VEHICL	E LICENSE N	0.
Drove	to Culv	er City to the CA Housin	ıg Consortiui	m Board c	of Director	s Meeting	g (stayed v	w/ relative	es). 5	/7-	(14) MILE	AGE RATE C	LAIMED	
		ta Monica for the CA Horentura (stayed w/relatives									(14) WILL		0.55	
		ity Housing Summit in In									AGE	NCY ACC	Manager 1995 The State of the	OFFICE
w/ rela	atives)					•						US PAID BY REV	E ONLY	CK No.
(15)	LHEREB	Y CERTIFY That the above is a	true statement of	f the travel ex	openses incu	rred by me ir	accordance	with DPA ru	iles in	the service	İ	TAID D. NEV	0.10 0.12	,
<b>,</b> -,	of the Sta	ate of California. If a privately on the vehicle was equal to or great 51, 0752, 0753 and 0754 pertain	wned vehicle wa ater than the rate	s used, and i claimed, and	f mileage rate d that I have	es exceed th	e minimum ra	ate, I certify t	he co	st of				
CLAIMA	O750, 07 NT'S SIG	*	mg to vertice sa	DATE	. Juli daage,	(16) SIGNA	TURE OF O	FFICER API	PROVI	NG TRAVEL	AND PAY	MENT	DATE	
Lvr	ın L.	Jacobs		06/0	04/09	Elliot	tt Mar	ndell					06/04/0	09
J		PENSE AUTHORIZATION - SIG	NATURE and TI	TLE (See Ite	em 17 on rev	erse)							DATE	

Page			XPENSE CLAIM					ns and *i ent belov				Page		of	Pages
Lymn L Jacobs   Jac						***************************************				TY N	UMBER				
Director   E.99	,								0.000						
E 99			טטס.	······································		Bargainir	ng Unit#	DIVISIO	N OR BU	REA	U				
RESIDENCE ADDRESS   TELEPHONE NUMBER   916 445-4775   1600 Third Street, Sulfe 450 Third Street, Sul							99	Executi	ve Office	9				5103 50001	
Start   Star			ADDRESS								DRESS		TELEPHO	t	
Sacramento								1800 Ti	nird Stre	et, S	uite 450		9	16 445-4	1775
May-09   LOCATION   (4)   (5)   MEALS   (6)   (7)   TRANSPORTATION   (7)   (9)   (9)	CITY				STATE	ZIP CODE		7					STATE	ZIP CODE	
May-0	Sacra	amento			CA .			Sacram	ento				CA	9	5811
Mart   Martin   Mar	(1) MONT	H/YEAR	(3)	(4)	(5) N	/EALS	T	(6)	(7)	TRAI	NSPORTATI	ON		(8)	(9)
No.	Ma	vna	LOCATION				O.T., L/T,		(A)	(B)	(C)		, (D)		
DATE   TIME   WISER NOURSED   LODGING   FAST   LUNCH   DINNER   TALS   TIRANS   USER   FROG   MILES   AMORAT   EMPONE   FOR DAY		<u>y-05</u>			BREAK-			.INCIDEN-		' '	CARFARE	PRIVAT			
Vaniture	DATE	TIME	WERE INCURRED	LODGING		LUNCH		TALS				MILES.	AMOUNT	EXPENSE	FOR DAY
End   Los Angeles	5/14	0800	Westlake Village							РС		28	- 15.40		15.40
Ventura   N/A   PC   7.00   64   36.20   42.20			Ventura	N/A						РС		28	15.40		15.40
Section   Substitute to Secremento HQ   PC   4.00   388   212.30   216.30	5/15		Los Angeles					<u>.</u>		PC.		64	35.20	:	35.20
1800 End of Trip			Ventura	N/A						PC	7.00	64	35.20		42.20
(10) SUBTOTALS  CLAIM TOTAL  SUBTOTALS  CLAIM TOTAL  SUBTOTALS  CLAIM TOTAL  SUBTOTALS  CLAIM TOTAL  SUBTOTALS  SUBTOTALS  CLAIM TOTAL  SUBTOTALS  SUBTOTA	5/17		Ventura to Sacrmento HQ							РС	4.00	386	212.30		216.30
(10) SUBTOTALS  CLAIM TOTAL  S 324.50  (11) PURPOSE OF TRIP, REMARKS AND DETAILS 5/14 - Drove to Westlake Village for meetings regarding SB375. 5/15 - Drove to Los Angeles for speaking engagement at the SCANPH. 5/17 - (SUNDAY) Drove from Ventura to Sacramento HQ.  End of Trip  (15) INEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was qual to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0751, 0752, 0753 and 0754 perfaining to vehicle safety and seat belt usage.  CLAIMANT'S SIGNATURE  Lynn L. Jacobs		1800	End of Trip												-
(10) SUBTOTALS  CLAIM TOTAL  (11) PURPOSE OF TRIP, REMARKS AND DETAILS (11) PURPOSE OF TRIP, REMARKS AND DETAILS (11) PURPOSE OF TRIP, REMARKS AND DETAILS (14) Porve to Westlake Village for meetings regarding SB375. 5/15 - Drove to Los Angeles for speaking engagement at the SCANPH. 5/17 - (SUNDAY) Drove from Ventura to Sacramento HO.  (12) NORMAL WORK HOURS (13) PRIVATE VEHICLE LICENSE No.  (14) MILEAGE RATE CLAIMED (15) I HEREBY CERTIFY That the above is a true statement of the Iravel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was qual to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections (16) SIGNATURE  Lynn L. Jacobs  110. SignaTure of Pricer approving Travel AND PAYMENT (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT (17) DATE (18) SIGNATURE (19) SIGNATURE DATE (19) SIGNATURE DATE (19) SIGNATURE DATE (19) SIGNATURE AND PAYMENT (19) SIGNATURE DATE (19) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT (19) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT (19) SIGNATURE DATE (19) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT													_		-
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(10) SUBTOTALS	•												-	ļ. 	
(10) SUBTOTALS													-		_
(10) SUBTOTALS 11.00 570.00 313.50 - 324.50  COLUMN CODE (ACCTG: USE ONLY)  CLAIM TOTAL \$ 324.50  (11) PURPOSE OF TRIP, REMARKS AND DETAILS 5/14 - Drove to Westlake Village for meetings regarding SB375. 5/15 - Drove to Los Angeles for speaking engagement at the SCANPH. 5/17 - (SUNDAY) Drove from Ventura to Sacramento HQ.  End of Trip  (15) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of Celifornia. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that have met the requirements as prescribed by SAM Sections 0730, 0751.0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.  CLAIMANT'S SIGNATURE  Lynn L. Jacobs  Lind Total  \$ 324.50  (12) NORMAL WORK HOURS  8:00 AM - 5:00 PM  (13) PRIVATE VEHICLE LICENSE No.  (14) MILEAGE RATE CLAIMED  0.55  AGENCY ACCOUNTING OFFICE  USE ONLY  PAID BY REV. FUND CHECK No.	,												_		
COLUMN CODE (ACCTG. USE ONLY)  CLAIM TOTAL  \$ 324.50   (11) PURPOSE OF TRIP, REMARKS AND DETAILS 5/14 - Drove to Westlake Village for meetings regarding SB375. 5/15 - Drove to Los Angeles for speaking engagement at the SCANPH. 5/17 - (SUNDAY) Drove from Ventura to Sacramento HQ.  End of Trip  (12) NORMAL WORK HOURS 8:00 AM - 5:00 PM (13) PRIVATE VEHICLE LICENSE NO.  (14) MILEAGE RATE CLAIMED 0.55  AGENCY. ACCOUNTING OFFICE USE ONLY PAID BY REV. FUND CHECK NO.  (15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751.0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.  CLAIMANT'S SIGNATURE  DATE  (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT  DATE  Lynn L. Jacobs  D6/04/09													-		-
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speaking engagement at the SCANPH. 5/17 - (SUNDAY) Drove from Ventura to Sacramento HQ.  End of Trip  (14) MILEAGE RATE CLAIMED 0.55  AGENCY ACCOUNTING OFFICE USE ONLY  PAID BY REV. FUND CHECK No.  (15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.  CLAIMANT'S SIGNATURE  DATE  (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT  DATE  DATE  DATE  (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT  DATE  D6/04/09							75. 5/15	- Drove t	o Los A	ngele	es for	(12) NON			PM
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CLAIMANT'S SIGNATURE  DATE  (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT  DATE  106/04/09  DIATE  106/04/09	(15)	of the Sta	ate of California. If a privately ov g the vehicle was equal to or grea	wned vehicle was ater than the rate	s used, and i claimed, an	f mileage rat d that I have	les exceed the met the requ	te minimum r	ate, I certify	the co	st of				
Lynn L. Jacobs 06/04/09 Elliott Mandell 06/04/09	CLAIMA	-		mg to vertice sa	I	. 20j. 33age.		ATURE OF C	FFICER AP	PROV	ING TRAVEL	AND PAY	MENT	DATE	,
<b>-</b>					06/	04/09	Ellio	tt Mar	ndell		•			06/04/	09 ·
				NATURE and TI											

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION

TRA		FORNIA - PERSONNEL ADMINIS EXPENSE CLAIM -93c)			,		ns and *. ent belov	-			Page		of	Pages
		NAME						SECURI				DEPARTI		
Lvnn	L. Jac	obs										HCD		
						ng Unit#	DIVISIO	N OR BU	REA	U			INDEX	PCA
Direc	tor				E	99	Executi	ve Office	<del>)</del>	,			5103 50001	
		ADDRESS			.1			JARTER		DRESS		TELEPHO	NE NUM	BER
٠.		•				4	1800 TH	nird Stre	et. S	uite 450		. 9	16 445-4	775
CITY				STATE	ZIP CODE		CITY					STATE	ZIP CODE	
Sacra	amento	)		CA			Sacram	ento				CA	95811	
(1) MONT	TH /YEAR	(3)	(4)	(5)	MEALS		(6)	(7)	TRA	NSPORTATI	ON		(8)	(9)
Ma (2) DATE	iy-09	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST-	LUNCH -	O.T., L/T, NC, RELO. OR DINNER	INCIDEN-	(A) COST OF TRANS	(B) TYPE USED		1	(D) E CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
5/18	0700	Sacramento to Santa Rosa	-						РС	6.00	103	56.65		62.65
		Santa Rosa to Sacramento							PC	4.00	103	56.65	,	60.65
	1700	End of Trip								<u> </u>		-		
												_		_
			<del></del>			-						_		_
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(10)		SUBTOTALS		-	-	-		-	-	10.00	206.00	113.30	-	123.30
COLU	JMN.CC	DDE (ACCTG: USE ONL) CLAIM TOTAL	<b>()</b>						70 70				\$	123.30
(11)	PURPO	OSE OF TRIP, REMAR	RKS AND I	DETAILS	3						(12) NOR	MAL WORK		
5/18	- Direc	ctor Jacobs drove from	Sacrame	nto HQ to	o Santa I	Rosa to i	meet with	n City off	icial	s and	(10) 550		<i>A</i> - 5:00	
site t	our of 1	the New railroad Squar	e Develop	ment Pr	ојест. Ке	turnea tr	nat arterr	юоп.			(13) PRIV	ATE VEHICL	E LICENSE N	10.
											(14) MILE	AGE RATE C	LAIMED	
											1900	NCY ACC	OUNTING E ONLY	the providence wind an about
(15)	of the Sta	Y CERTIFY That the above is a trate of California. If a privately ow g the vehicle was equal to or great	ned vehicle was ter than the rate	s used, and i claimed, an	f mileage rate d that I have	es exceed th	e minimum ra	ate, I certify t	he co	st of		PAID BY REV	. FUND CHE	ON 1904
CLAIM	ANT'S SIG	•		DATE		(16) SIGNA	ATURE OF O	FFICER API	PROVI	NG TRAVEL	AND PAY	MENT	DATE	
\/r	nn I	Jacobs		06/	04/09	Ellio	tt Mar	ndell					  06/04/	09
		PENSE AUTHORIZATION - SIGN	NATURE and TI							,			DATE	

		XPENSE CLAIM					ns and *i ent belov	-			Page		of	Pages	
	2 (REV. 6-	***************************************						SECURI			l	DEPARTI	***************************************	······································	
	MANT'S						SOCIAL	SECON	, ,	OWIDEIX			VIII.		
Lynn POSIT	L. Jac	obs	•		Bargainir	ag Linit#	DIVISIO	N OR BU	RFΔ			HCD	INDEX	IPCΔ	
		•			_	_				.0				5103 50001	
Direct	_	ADDRESS			<u> </u>	99		ve Office		DRESS		TEL EDHO	ONE NUM		
KESIL	JENCE	ADDRESS					1							•	
CITY				STATE	ZIP CODE		CITY	iira Stre	et, S	uite 450		STATE	16 445-4 ZIP CODE	110	
				CA	ZII GODE		Sacram	anta				CA		5811	
Sacra	amento		Γ	T			Sacram					<u> </u>		<del>                                     </del>	
(1) MONT	'H /YEAR	(3)	(4)	(5) N	NEALS T	T	(6)	(7)	TRA	NSPORTATI T	ON .		(8)	(9)	
Ma	00	LOGATION				O.T., L/T,		(A)	(B)	(C)		(D)			
(2)	y-09	LOCATION WHERE EXPENSES		BREAK-	<b>.</b>	NC, RELO		COST OF	'	CARFARE		E CAR USE	BUSINESS	TOTAL EXPENSES	
DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	DINNER	TALS	TRANS	TYPE USED		MILES	AMOUNT	EXPENSE	FOR DAY	
5/19	0800	Sacramento			İ		į		PC	7.50	4	2.20		9.70	
5/20		Sacramento							PC	6,00	4	2,20		8.20	
							<u> </u>			1					
5/21	0500	Drove to Sacramento A/P		-	-		<u> </u> -		PC		12	6.60		6.60	
		Sacramento to Burbank					ļ		ļ			-			
		Burbank			,				RC	14.00				14.00	
5/26	0500	Santa Barbara to Sacramento					ļ. · · · · · · · · · · · · · · · · · · ·	**	PC	45.00		_		45.00	
5/20		End of Trip													
	0900	· · · · · · · · · · · · · · · · · · ·							50	40.00	6	2.20		15.20	
		Sacramentott					<u> </u>		PC	12.00	6	3.30		15.30	
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(10)	<u> </u>	SUBTOTALS	_	_	<del>                                     </del>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	84,50	26,00	14.30	-	98.80	
COLL	JMN/CC	DDE (ACCTG: USE ONL	<u>.</u> Υ)∦≗ ≱≱≇£.	7,000,000					W.	1000		14.00			
Keep julianas		CLAIM TOTAL	A STATE OF THE PARTY SHAPE OF TH		4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						\$	98.80	
(11) F	PURPO	OSE OF TRIP, REMAR	RKS AND I	DETAILS	3						(12) NOF	MAL WORK			
5/19	- Direc	tor Jacobs attended th	e Governo	r's Host	Breakfa	st and lo	cal meet	ings. 5/2	20 <b>-</b>	Meeting	(40) 551		M - 5:00		
at the	e Capit Irhank	ol w/ Senator Ellen Co for CalHFA Board of D	orbett. 5/21 Director's M	- Drove eeting	το Sacra 5/22 <i>-</i> Μ	imento A Teetina v	vP - Filg v/ Rav Pe	arl (CH	Saci C) in	Angora	(13) PKI	/ATE VEHICL	E LICENSE I	0.	
Hills.	5/26	- Received ride to Sar	nta Barbara	A/P with	h colleag	gue. Flig	tht from S	Santa Ba	rbar	a to	(14) MILE	EAGE RATE C	LAIMED		
		End of Trip											0.55		
											AG	ENCY ACC	<b>《中华》《李元章》</b>	OFFICE	
											<u> </u>	PAID BY RE\	E ONLY. /. FUND CHE	CK No.	
(15)	IHEREB	Y CERTIFY That the above is a t	rue slatement of	the travel ex	penses incu	irred by me i	n accordance	with DPA ru	iles in	the service	1				
••	of the Sta	ate of California. If a privately ov the vehicle was equal to or grea	vned vehicle was ster than the rate	s used, and i claimed, an	f mileage rat d that I have	es exceed th	ne minimum ra	ate, I certify I	he co	st of					
CLAIMA	0750, 07 ANT'S SIG	51. 0752, 0753 and 0754 pertaini NATURE	ing to venicle sa	DATE	ı ven usage.	(16) SIGN	ATURE OF C	FFICER AP	PROV	ING TRAVEL	. AND PAY	MENT	DATE		
		Jacobs		06"	04/09	1	tt Mar					1	  06/04/	09	
		PENSE AUTHORIZATION - SIG	NATURE and T				. iviai	Idoli		•			DATE		
(17) SP	COIAL EX	FENSE AUTHURIZATION - SIG	HATONE BIN 11	. LL (066 R	011181	2,00)	•								

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION .

		XPENSE CLAIM				struction		_						
STD.262	2 (REV. 6-	93c)				Stateme	nt belov	***************			Page			Pages
CLAIMANT'S NAME							SOCIAL	SECURI	TY N	UMBER		DEPART	MENT	
	L. Jac	obs			I		D11/1010	N OD DU	DEA			HCD	INDEX	IDCA
POSI					Bargainir	_		N OR BU		Ü			INDEX PCA	
Direc		ADDRESS			E	99		ve Office JARTERS		DDESS		TEI EDHO	5103 50001 ONE NUMBER	
KESIL	JENCE	ADDRESS												
CITY			<del></del>	STATE	ZIP CODE		CITY	nira Stre	et, S	uite 450		STATE	16 445-4 ZIP CODE	.775
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	<del></del>			T			Sacramento					<u> </u>	· · · · · · · · · · · · · · · · · · ·	T
(1) MONT	'H /YEAR	(3)	(4)	(5) N	MEALS T		(6)	(7) TRANSPORTATION			ON		(8)	(9)
Ma	y-09	LOCATION				O.T., L/T,		(A)	(B)	(C)		(D)		
(2)		WHERE EXPENSES		BREAK-		NC, RELO. OR	INCIDEN-	COST OF	TYPE	CARFARE	PRIVAT	E CAR USE	BUSINESS	TOTAL EXPENSES
DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	DINNER	TALS	TRANS	USED		MILES	AMOUNT	EXPENSE	FOR DAY
5/27	0800	Sacramento							PC	7.50	4	2.20		9.70
5/28	0500	Drove to Sacramento A/P							PC		12	6.60		6.60
-		Sacramento to Burbank	•											
5/29		Meetings in Los Angeles										-		-
5/31		Travel to Burbank A/P									,	-		-
		Burbank to Sacramento					1		PC	36.00				36.00
		Darbariii to Caoramonio												
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							-					_		<u> </u>
(10)									<del>                                     </del>	43,50	16.00	8.80		52.30
വേ	IMN CC	SUBTOTALS  DE (ACCTG USE ONL		- (45)	-	- 100 (17) (18)	-	harani -	Pickel	43.50	10.00	1434		02.00
Minta	Catharles, all mobile	CLAIM TOTAL	25/2 Statement and No. 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,		- Total Control of Section 1	1		Lanconsconsisses	.1	14. mendinan personan		<b>4</b>	\$	52.30
(11)	PURPO	SE OF TRIP, REMAI	RKS AND I	DETAILS	3			<del> </del>			(12) NOF	MAL WORK		<del></del>
5/27	- Direc	ctor Jacobs attended t	he CDLAC	and TC/	AC Meet	ing. 5/28	B -Flight	from Sa	cram	nento to			M - 5:00	
Burb	ank for	speaking engagemer Los Angeles. 5/31 - N	nt at the Gre	een Build Antura	ding Gro	und Brea NBurban	aking in l k A/P wii	os Ange h a colle	eles.	. 5/29 - ie Flight	l' '	ATE VEHICL	E LICENSE N	10.
		nk to Sacramento HQ.		Giltura	.i touc to	, Duibaii		in a conc	Jugu	IIgiii		AGE RATE C	CLAIMED	***
													0.55	
				•							AGI	ENCY ACC	A THE RESERVE	3 OFFICE
												PAID BY RE	E ONLY /. FUND CHE	CK No.
(15)	IHEREB	Y CERTIFY That the above is a	true statement of	the travel ex	penses incu	rred by me ir	n accordance	with DPA ru	uies in	the service				
	of the Sta	ate of California. If a privately over the vehicle was equal to or greater.	wned vehicle was ater than the rate	s used, and i claimed, an	f mileage rat d that I have	es exceed th	e minimum s	ate, I certify t	the co	st of				
CLAIM	0750, 07 ANT'S SIG	51. 0752, 0753 and 0754 pertain NATURE	ling to venicle sa	DATE	ı bell üsage.	(16) SIGN/	ATURE OF C	FFICER AP	PROV	ING TRAVEL	AND PAY	MENT	DATE	
					04/00	1, ,	tt Mar						06/04/	ng
		Jacobs  SPENSE AUTHORIZATION - SIG	NATIDE and T		04/09		ii ivial	IUGII					DATE	
(17) SP	EUIAL EX	FENSE AUTHORIZATION - SIG	NATIONE BUT II	ILE (See Ne	an ir oniev								-	

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION